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PROVISIONAL SUMMARY RECORD OF THE 22nd MEETING

Held at the Palais des Nations, Geneva,
on Monday, 5 July 1993, at 10 a.m.

Chairman: Mr. HUSLID (Norway)

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The meeting was called to order at 10.20 a.m.

COORDINATION OF THE POLICIES AND ACTIVITIES OF THE SPECIALIZED AGENCIES AND OTHER BODIES OF THE UNITED NATIONS SYSTEM RELATED TO THE FOLLOWING THEMES:

(b) COORDINATION OF THE ACTIVITIES OF THE UNITED NATIONS SYSTEM IN THE FIELDS OF PREVENTIVE ACTION AND INTENSIFICATION OF THE STRUGGLE AGAINST MALARIA AND DIARRHOEAL DISEASES, IN PARTICULAR CHOLERA (E/1993/68)

The PRESIDENT invited the Council to discuss coordination of the activities of the United Nations system in the fields of preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera, in the light of the Secretary-General's report on the subject (E/1993/68) and of the statements to be made by executive heads of United Nations specialized agencies and bodies concerned with those problems.

Dr. NAKAJIMA (Director-General, World Health Organization) drew attention to the extent and gravity of malaria and diarrhoeal diseases, in particular cholera, which had their greatest impact in developing countries, particularly among the workforce, pregnant women, infants and young children. Malaria particularly affected Africa, where 90 per cent of the 300 million people infected by the parasite were to be found. Diarrhoeal diseases primarily affected children, some 3 million of them dying of it each year. Cholera was an epidemic form of diarrhoeal disease which appeared periodically in Africa, Asia and Latin America. All those diseases called for coordinated action, extending beyond the bounds of the health sector.

In his report, the Secretary-General gave examples of cooperation among organizations of the United Nations system. Such cooperation was essential, since the diseases concerned had a multitude of causes, they cut across frontiers, and their prevention and control required action in such fields as agriculture, education, economic development policy, environmental management, food safety, health, sanitation, water supply and water-resource management.

The United Nations system must tackle malaria and diarrhoeal diseases, because they constituted major impediments to social and economic development and

to improvement of the quality of life of millions of individuals. They generated a vicious circle of malnutrition, poverty and disease. Their cost in development terms was enormous. The United ations system could be proud of the cooperation it had established in the field, although good news seldom

made headlines. Nevertheless, coordination of the various parties was not without its problems, particularly in cases of civil unrest, epidemics, natural disasters, war or famine. Added to those were problems such as the varying perspectives of different organizations, lack of clarity in the role of the lead agency, the low priority given to critical investments and the weak technical and management capabilities of some countries.

As an example of successful coordination, one could point to the recent cholera epidemic in Peru. The mortality rate had not exceeded 1 per cent, whereas it had reached 5 to 10 per cent in the case of epidemics in some African countries. That success could be attributed to the Peruvian diarrhoeal disease control programme, including the use of oral rehydration therapy, the quality of treatment given in health facilities, the accessibility of those facilities and food hygiene. The development of that infrastructure had been supported in a coordinated manner by several organizations, including WHO, UNICEF, FAO, UNDP, WFP and the Inter-Agency Coordinating Committee formed under the aegis of WHO's Regional Office for the Americas, the Pan-American Health Organization (PAHO) and the United States Agency for International Development (USAID). But there were problems. For example, it had been impossible to prevent the installation of a cordon sanitaire around Peru. Moreover, the basic investment required to prevent cholera epidemics was not taking place at the necessary pace. The lack of understanding of the need for food control measures in preventing diarrhoeal diseases impeded intersectoral action and, in addition, a new cholera bacillus had appeared.

The Secretary-General pointed out that a balance must be struck between the effectiveness of investments narrowly made for specific disease interventions and the effectiveness of broader investments in infrastructure. By "infrastructure", he meant health workers, epidemiological surveillance, rehabilitation or construction of health facilities, investment in fields such as food safety, water supply, sanitation and education of children or mothers. The document under consideration contained a number of recommendations, which he would briefly summarize: efforts should be made to define broad policies for development contributing to the overall health goal; the lead organization must be supported; WHO should expand its research activities; information exchange among agencies, organizations and Governments was of critical importance;

coordination mechanisms for early warning, prevention and control of epidemics must be improved; national and global monitoring systems for the diseases concerned must be strengthened, particularly in the light of the principles laid down at the Ministerial Conference on Malaria Control, organized by WHO in Amsterdam in 1992; individuals must be very specifically informed about prevention, and they must be involved in disease control. The booklet Facts for Life, published by UNESCO, UNICEF and WHO, was a good example of cooperation in that field.

In particular, it was necessary to strengthen disease surveillance mechanisms, including early-warning systems for malaria and cholera epidemics. However, that did not dispense United Nations bodies or countries themselves from using epidemics, which attracted considerable attention, as an opportunity to invest in longer-term development activities to ensure that further epidemics did not occur. The most important contribution that the United Nations system could make to support developing countries in that field was to build up their national capabilities for the management of country-level coordination. All United Nations organizations and bodies were concerned, and must work together in that endeavour.

Mr. JOLLY (Deputy Executive Director, United Nations Children's Fund) said he would first take up the question of diarrhoeal diseases, particularly cholera, which 10 years previously had claimed the lives of 4 to 5 million children. Today, thanks to oral rehydration therapy, which was now widely known and used by one family in three in the developing countries, it was possible to save the lives of 1 million young people each year. That therapy had been one of the most advanced elements of primary health care in the 1980s. Together with immunization, it could also help to create conditions favourable to family planning and the reduction of fertility. All of that could be done at an extremely modest cost: the 100 million sachets of salts provided by UNICEF in 1992 amounted to only 1 per cent of its annual budget. The World Bank, in its 1993 World Development Report had identified the therapy as one of the most cost-effective development investments possible.

There was thus a need to continue to promote oral rehydration, in view of the fact that two thirds of families in the developing world had still not made use of it, and that dehydration still caused 1.5 million deaths a year. WHO and UNICEF had set themselves the common goal of bringing the proportion of families using oral rehydration and continued feeding up to 80 per cent,

and bringing the proportion of cases treated (at home, at health facilities or by a health provider) and the proportion of persons with access to rehydration salts and of informed mothers up to 80 per cent in all countries.

However, it was clear that the campaign against diarrhoeal diseases had to be broadened. First, the rapid reduction in dehydration deaths brought about by oral rehydration meant that an increasing proportion of the remaining deaths was attributable to dysentery and chronic diarrhoea, which normally required treatment with antibiotics. At the same time, it could be seen that diarrhoeal diseases were one of the causes, perhaps the major cause, of child malnutrition in developing countries. Those diseases stunted the child's normal growth by causing loss of appetite, fever and loss of nutrients. The strategy for the 1990s should therefore be to restore priority to water supply and public sanitation, as well as to educating parents about diarrhoeal disease prevention. Today, prevention on a large scale and at low cost had become possible. The principal means were breastfeeding, immunization against measles, and basic hygiene. The 1990 World Summit for Children had set as targets the reduction of child deaths by one third and the reduction of child malnutrition by one half, but those targets could not be achieved unless the battle against diarrhoeal diseases was widened.

Dr. Nakajima had just quoted as an example the campaign to control the cholera epidemic in Peru. In the first nine months of 1991, 250,000 Peruvians had contracted the disease, but only 2,500 had died of it. There were a number of reasons for such a low mortality rate: mobilization of health workers of the national network (at a time when they were on strike); mobilization of women who had been trained in oral rehydration since 1987; and availability of oral rehydration salts which had already been put in place in preparation for the annual campaign to control childhood diarrhoea. It had thus been possible to distribute 3 million sachets in the course of a few months. Incidentally, the lives of some 100,000 to 150,000 young people in Latin America had been saved in 1991 because the public had been made aware of oral rehydration therapy as a result of the cholera epidemic. Before the end of the decade, 19 million more children could be saved if families, communities, government authorities and donors were mobilized.

Turning to the problem of malaria, he pointed out that the great majority (80 per cent) of deaths from the disease occurred among children under 5 years of age. Unlike the situation with diarrhoeal diseases, no strategy that was quick and easy to implement had yet been found, since no vaccine existed. Ways of overcoming drug resistance were being sought, and experiments were being made with personal protection devices such as impregnated mosquito netting. Efforts

were also being made to develop effective mosquito eradication techniques. As could be seen, malaria could not be treated by a simple package of solutions. There was a need to deploy a flexible mix of methods, such as insecticide spraying, environment control, promotion of mosquito netting, preventive drugs, and secondary health care. That combination could vary considerably between rural and urban areas, and should be largely dependent on local action and on-the-spot initiatives.

Those examples showed to what extent the role of UNICEF and that of WHO were complementary. In the matter of malaria, as in that of oral rehydration, it was WHO that led the way, and it deserved commendation for the consistently high quality of its work. However, UNICEF also had a role to play, notably through its network of non-governmental and community organizations, bodies which could be a decisive force for popular mobilization. UNICEF also had links with the media, and could often instil in the public at large an awareness of the measures that families had to take. Moreover, it was able, through its country programmes, to provide substantially greater resources at the national level. One of the initiatives that illustrated the partnership between WHO and UNICEF was the brochure Facts for Life, published jointly by UNICEF, WHO, UNESCO and UNFPA. That brochure was by far the most widely circulated of United Nations publications: 7 million copies had been produced in over 180 languages. Its aim was to teach families the basic steps to take to safeguard their children's health.

At both the international and the national levels, the mobilization campaign currently under way sought to achieve the goals set by the 1990 World Summit for Children, particularly the aim of a 50 per cent reduction in child mortality due to diarrhoea and a 25 per cent reduction in the incidence of diarrhoeal diseases. Consideration also needed to be given to measles, a major killer of children, and to anaemia, which when associated with malaria often led to tragic results.

In conclusion, he drew attention to certain cause-and-effect factors which should not be overlooked. Adjustment programmes were a central element where health problems were concerned. It was not merely coincidental that cholera should have appeared in Latin America after a decade of economic crisis, a crisis that had too often called for disproportionate sacrifices on the part of the poor and of the social services. The same could be said of the resurgence of malaria in Africa.

Mr. GOMEZ (United Nations Development Programme) said he found it most appropriate that the subjects of health, environment and development on the one hand, and of coordination on the other, should all be under consideration simultaneously. The goal of human development required cooperation with the

world community in combating poverty, ignorance and disease. Malaria and diarrhoeal diseases were threats to the human development of millions of people in the third world.

UNDP viewed the World Bank's latest World Development Report, devoted to health, as highly significant in that regard: firstly, it provided a new set of statistics on the effects of those diseases, which should enable decision makers to establish priorities and to take rational budgetary decisions in the health sector; secondly, it showed that a substantial increase in the financial resources allocated to that sector was amply justified. UNDP noted with concern the decrease in available resources, and believed that Member States should work together, collectively and individually, to remedy the situation. Africa was particularly affected by malaria and diarrhoeal diseases, the direct and indirect costs of which were expected to reach $1.8 billion by 1995.

As had been pointed out by the representatives of WHO and UNICEF, despite the progress made in some areas, numerous reverses had been suffered at the global level, notably the worsening of the problem of malaria, and the continuing burden represented by diarrhoeal diseases and the recent cholera epidemics. It went without saying that UNDP would continue to cooperate closely with Governments and partner organizations to prevent and control those diseases. It endorsed the practical suggestions made by the Secretary-General for dealing more effectively with malaria and diarrhoeal diseases, and also supported the comments made by the UNICEF representative on the importance of oral rehydration therapy. UNDP also associated itself with the call for a substantial increase in resources, especially for the least developed countries and for countries most severely affected by the diseases.

In view of the need for a multisectoral approach involving health, environment and development, recipient countries should play a key role by ensuring that the activities of United Nations bodies were coordinated at the local level with assistance, both multilateral and bilateral. The role of the Resident Coordinator was crucial in that regard, and the Administrator unreservedly supported implementation of General Assembly resolution 47/199. It was to be hoped that Governments of developing countries, for their part, would give higher priority to combating the diseases in question, and that country strategy notes would give greater emphasis to the support that could be provided by the United Nations system in that field.

Mr. HADDAD (World Bank), speaking also on behalf of the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), pointed out that the World Bank and the two latter institutions had contributed to the preparation of

document E/1993/68, under the overall direction of WHO. The three organizations intended to cooperate with WHO and with other institutions in implementing the conclusions and recommendations made in the report, taking account also of any general guidelines the Council might be able to provide. They were ready to reply to any questions that might be raised, and to make further comments in the course of the debate as necessary.

Mr. OSMAN (United Nations Environment Programme) said that disease transmission by insect vectors was linked to environmental conditions on which the vector thrived: rudimentary sanitation, bad solid-waste management and poor water supply. As indicated in the Secretary-General's report, UNEP was participating in malaria-control activities, mainly through the work of the Panel of Experts on Environmental Management for Vector Control established jointly with WHO, FAO and the United Nations Centre for Human Settlements. The Panel's mandate was to create an institutional framework for effective inter-agency and intersectoral collaboration in the fields of health, land and water development, protection of the environment, human settlements and urbanization, with a view to promoting more extensive use of environmental management measures for disease vector control in development projects.

The Panel of Experts, which had initially given priority to raising awareness at all levels, had later started preparing technical documents and guidelines aimed chiefly at specialists and decision-makers outside the health field. A network of collaborating centres had enabled it to participate directly in research, capacity-building, and operational activities. It was already playing a key role in coordination, since it was composed of

recognized experts in the fields of health, agriculture, environment, social sciences and human settlements. Its work was also associated with that of the World Bank, UNICEF and the regional development banks.

Other activities being carried out by UNEP in the area of malaria and water-borne disease control were described in the Secretary-General's report. Mr. PORTOCARERO (Belgium), speaking on behalf of the European Community and its member States, said that the time had come to launch a new offensive against malaria, which clinically affected more than 100 million people a year, mainly in tropical Africa. The disease caused some 1 million deaths a year, which was more than the number of declared AIDS victims. A Global Malaria Control Strategy had been developed, aimed at the prevention of mortality and the reduction of morbidity as well as its attendant social and economic costs. The strategy called for coordination and technical cooperation between Governments and international institutions if continuity of the activities undertaken was to be ensured.

Due attention should also be paid to the control of diarrhoeal diseases, notably cholera, which since the beginning of the 1990s had again become rife in Latin America and Africa. A short-term policy of prevention and reduction of mortality should go hand in hand with a longer-term policy based on health and sanitation projects. To that end, financial, technical and scientific support from the international community was more necessary than ever.

In view of the fact that malaria and diarrhoeal disease control was as much a problem of development in general as a health problem, improved coordination among United Nations specialized agencies, and above all between the latter and local authorities, was essential. The European Community and its member States had several comments to make in that regard. Firstly, there was a need to establish what proportion of their financial resources each of the institutions involved was devoting to control of the two types of disease, taking into account the specific nature of their budget and the division of responsibilities between them. Secondly, coordination of global strategies and country plans of action by United Nations agencies did not seem to have been sufficiently developed. Thirdly, implementation of those strategies and plans at the local level was still encountering numerous bureaucratic and even political obstacles. Fourthly, a proper balance should be struck between emergency aid and a medium-term and long-term global assistance policy. Fifthly, development projects in general did not pay sufficient attention to sanitation and public health, or to education in that field. Sixthly, there was a need for improved cooperation with non-governmental organizations, which should be able to play a full part in all efforts made by local, regional and international authorities.

Mr. MONGBE (Benin) recalled that the item under consideration had been included in the Council's agenda on the suggestion of his country, supported by the African Group and the Group of 77. As was noted in the Secretary-General's report, over 300 million people suffered from malaria, 90 per cent of them in Africa. It was the scourge of the late twentieth century. In cases where it did not kill, it considerably weakened the organism and led to a significant lowering of output among the working population. The large-scale use of DDT, like treatment based on chloroquine and other similar products, had led to vector insects becoming resistant to such substances.

The hopes aroused by the development of a new synthetic vaccine were commensurate with the human, social and economic problems deriving from malaria. The question remained whether that vaccine would provide immunity against the four malarial parasites or forms and how long the protection would last. It was also of considerable importance how it was marketed, considering that the populations affected by malaria were among the poorest in the world and would not therefore be able to benefit from the vaccine if it were too expensive. The Beninese delegation was of the view that a free and general vaccination campaign should be carried out in all the affected areas of the world, as it had been for smallpox.

However, the elimination of malaria did not depend on the discovery of a vaccine alone. A large number of other measures were also necessary, particularly in the fields of sanitation and public health. Malaria, as the price paid for poverty and underdevelopment, had to be tackled not only at the medical level, but also at the economic, social and ecological levels. If countries where malaria was endemic had the requisite technical and financial resources, the scourge could no doubt be completely eradicated within a few years. Such was not the case, however. There was therefore a need to coordinate the policies and activities of the specialized agencies and other United Nations organs in order to overcome the disease.

Malaria, an endemo-epidemic disease, killed more than 1 million children in the world every year. In addition, the cost of treatment, absenteeism and the resulting drop in productivity and production drained the economies of the countries concerned. Benin considered that the implementation of the primary health care strategy should make it possible to reduce to a minimum the impact on the population of communicable diseases in general and endemic diseases in particular. In order to cope effectively with the situation, which was giving cause for concern owing to the resistance of certain parasite strains, Benin had decided to revise its primary health care strategy and to incorporate into it a five-year malaria control plan.

With regard to diarrhoeal diseases, in particular cholera, he stressed that the figures put forward in paragraph 20 of the Secretary-General's report did not seem to reflect either the real cost of treatment for the disease or the true loss of earnings in working time. Treatment for an attack of malaria in Benin cost between US$ 20 and US$ 30.

Diarrhoeal diseases, in particular cholera, were very serious ailments, but could easily be avoided in so far as they were water-borne. Unfortunately, the poor countries where those diseases were rife did not have the resources needed to supply the whole of their population with drinking water. In addition, the existing anti-cholera vaccine offered protection that was not sufficiently long-lasting to be truly useful. It was suitable for people occasionally staying in the affected areas but was of no interest to those living in them. According to information available to the Beninese delegation, a new vaccine could be available by the end of 1993. Unfortunately, it would undoubtedly be too expensive for the poor populations of the affected areas. The international community's efforts should therefore be directed towards lowering the cost of the vaccine.

As in the case of malaria, the discovery and marketing of a vaccine against cholera would not suffice to eradicate diarrhoeal diseases unless measures were taken to ensure proper management of freshwater resources. In that connection, he reaffirmed his support for the French proposal to organize an expert meeting in 1994 on freshwater resource management, and for the suggestion of the Netherlands to convene an expert seminar on safe sanitation in urban areas.

The Secretary-General had not referred to the initial, specialized and further training of personnel for preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera. Sound training would not fail to give momentum to research in the developing countries. There was an urgent need for such institutions as WHO, UNESCO, UNICEF, UNEP and FAO to coordinate their activities in the field of research, education and control with a view to the elimination of malaria and diarrhoeal diseases.

Mr. MALICHEV (Russian Federation) said that, in his opinion, the Secretary-General's report was well balanced and gave a clear idea of the magnitude of some of the economic and social problems facing many African, Latin American and Asian countries affected by malaria and diarrhoeal diseases.

The decision to include the question of malaria in the agenda of the Economic and Social Council was in keeping with the spirit of the Declaration adopted in October 1992 by the Ministerial Conference on Malaria Control, organized by WHO in Amsterdam. In that Declaration, the Governments of countries endemically affected by malaria had declared themselves ready to mobilize

national resources to combat that disease and had called on the international community, and international organizations in particular, to provide them with technical and financial assistance.

The delegation of the Russian Federation felt that the coordination of efforts to secure financial assistance for national programmes to combat malaria, diarrhoeal diseases and cholera should be one of the chief objectives of international organizations, particularly WHO which could act as lead agency at the technical level. Furthermore, essential though it was to finance programmes to combat those diseases, it was just as important to provide for short-term financial and technical assistance in order to put an end to epidemic outbreaks of them.

The delegation of the Russian Federation considered that the Economic and Social Council should request the Director-General of WHO to expand and improve the exchange of information on those diseases in order to make international institutions more aware of the health problems facing the developing countries; to improve coordination of international aid for the struggle against malaria, diarrhoeal diseases and cholera at the national level, through the establishment of groups of experts composed of representatives of the various international organizations concerned and of the governmental or non-governmental organizations that were providing interested countries with financial and technical assistance, and

representatives of the private sector; and to strengthen the technical role of WHO. Greater importance also needed to be given to the socio-economic development of countries suffering from those diseases.

Mr. SARN (United States of America) thought that the Secretary-General's report and the statements by the officials of the various international organizations were instructive about the nature and magnitude of the diseases concerned. It was fully recognized that techniques existed for preventing or treating those diseases, but the implementation of programmes, the use of resources and coordination were still beset by serious difficulties. He wondered why so little progress had been achieved in respect of coordination. The Secretary-General had omitted certain essential elements in that regard. He made no provision for any practical workplan calculated to result in optimum use of the resources available to the United Nations system at the global, regional or national levels. Then there was no analysis of the resources needed. Furthermore, no timetable was proposed for the implementation of programmes by international organizations. In addition, the organization to act as lead agency for coordination remained to be determined. The United States delegation considered that the role should fall to WHO or UNICEF in view of the success achieved by those organizations. It hoped that the President would make good those omissions in his report. In that report, the Council should request each United Nations body to improve its plans and programmes for the prevention, control and treatment of the diseases in question, with the object in particular of lessening their economic impact on the developing countries. It should also invite the Secretary-General to request the Directors-General of WHO and UNICEF to prepare a report for its 1994 session, in close cooperation with other United Nations bodies, on the improvement of coordination in respect of preventive action and intensification of the struggle against malaria and diarrhoeal diseases.

The PRESIDENT recalled that the debate in progress would not be followed by the drawing up of a "report by the President", but by the adoption of agreed conclusions containing specific recommendations on the matters addressed.

Mr. SHIBATA (Japan) recalled that, in accordance with the Charter of the United Nations, the Economic and Social Council had a key role to play in the coordination of economic, social, cultural and health activities. Unfortunately, it had not so far been kept informed of all the activities carried out by the various international organizations, such as WHO, FAO, UNICEF, UNDP, the World Bank and others, so as to be able to ascertain the degree of urgency and priority of each activity. It was therefore essential for the Council to take steps to obtain the necessary reports from all the bodies concerned.

For successful coordination to be achieved, there should be a consensus within the system and among member States as to which was to be the lead organization for coordination. That organization should then be provided with all the necessary information and its mandate should be respected by all organizations and member States.

The Secretary-General's report offered an overview that should contribute to the improvement of coordination of the related activities of the United Nations system. Japan fully subscribed to the view that the prevention and control of malaria and diarrhoeal diseases, including cholera, required action extending far beyond the health sector. The Council should restructure its relations with the bodies concerned in order to be better able to promote such action. It was particularly important in that field to formulate a prevention and control strategy within the overall framework of development policy. In combating malaria and diarrhoeal diseases, it was essential for WHO to make the best use of its expertise so that it could play a leadership role in coordinating the activities of the agencies involved.

The Japanese delegation noted with particular interest the Global Malaria Control Strategy adopted in 1992 at the Ministerial Conference on Malaria Control and the diarrhoeal disease control programme, formulated jointly by UNICEF and WHO. It welcomed the Council's decision at its organizational session to reach agreed conclusions containing specific recommendations on matters related to coordination addressed to the various parts of the United Nations system.

It proposed that an intersessional consultative mechanism should be set up to enable the Council to exchange information and views with the bodies concerned and, on that basis, to prepare a draft decision for adoption at the next substantive session.

Mr. CHIRILA (Romania) said that his country was one of those which had succeeded in being malaria-free for three decades. The success was the result of implementing a complex programme combining the use of chemotherapy and insecticides in the former endemic zones. The Romanian authorities were currently devoting special attention to preventing a resurgence of the disease, inter alia through local research on new anti-malaria drugs. The Romanian health authorities were willing to share their experience in that field and to engage in cooperation with relevant bodies of the United Nations system, including the training of foreign personnel in malaria diagnosis and treatment.

With regard to diarrhoeal diseases, cholera had appeared in Romania for the first time in 1977, its epidemic form in the Danube delta was a result of its spread from various endemic zones. Since then, sporadic cases had been notified during the summertime, when tourist traffic increased in the area concerned.

Romania wondered whether it was possible to improve national and international sanitary regulations in endemic areas so as to prevent the spread of cholera in view of increased flows of migrants or travellers. It would welcome more detailed information about epidemics, with a view to tightening health controls at borders and taking preventive action at the national level.

Mr. BAILLARGEON (Canada) said that Canada shared the international community's alarm at the threat of malaria spreading, the high incidence of diarrhoeal diseases and the re-emergence of cholera in the Americas. The campaign against malaria and diarrhoeal diseases, like all other health and development issues, had to be addressed at several levels. In communities themselves, much could be achieved through mobilization, health education, distribution of oral rehydration salts and treated mosquito nets, as well as micro-projects for environmental sanitation. At the national level, the campaign implied consideration of environmental factors, since an increased effort was required in the areas of sanitation, food and water purity, housing and health services. At the international level, the situation could be improved considerably by means of data collection and exchange, standard-setting for prevention, care and treatment, and research into new drugs, vaccines and the like; it was at that level that coordination was crucial.

Cooperation between WHO and UNICEF in diarrhoeal disease control was exemplary at the national and international levels alike, particularly since the launching of the Initiative for the Integrated Management of the Sick Child. The same could be said of cooperation among WHO, UNDP and the World

Bank in malaria control, through the research programme for tropical diseases. Canada welcomed the adoption, at Amsterdam in 1992, of the new Global Malaria Control Strategy.

Canada, a major donor to the diarrhoeal control programme and the research programme for tropical diseases, urged the international community and organizations of the United Nations system to continue their support of those coordination mechanisms.

Mr. SOH (Republic of Korea) said that, in order to improve the coordination of programmes to control malaria and diarrhoeal diseases, the limited resources available must be used in the most efficient manner. In particular, a common strategy for coordinating programmes, embodying specific priorities and goals, must be developed. Such coordination could also eliminate overlapping and duplication. Likewise, the United Nations system should focus much more clearly on preventive action and programmes, rather than on remedial measures.

For prevention programmes to be successful, the links between the United Nations system on the one hand, and the beneficiary countries' authorities on the other, must be strengthened. Such cooperation must also be designed with the long-term perspective in mind, and directed at building up national capabilities.

There was no doubt that greater attention should be directed towards important areas such as drinking water supply and sanitation, broader hygiene education and infrastructure improvement, with a more active search for solutions to the basic socio-economic problems which had an impact on public health. These goals could more easily be achieved if development agencies systematically integrated public health considerations into development planning.

His delegation wholeheartedly supported the constructive recommendations formulated in the Secretary-General's report, aimed at better coordination of actions to combat malaria and diarrhoeal diseases. The resurgence of malaria also meant that, in addition to the actions proposed, research should focus on the development of a suitable pesticide to replace DDT.

The PRESIDENT invited the members of the Council to put questions to the representatives of the United Nations agencies directly involved in intensifying the campaign against malaria and diarrhoeal diseases.

Mr. SCHONLEITER (Germany) asked the representatives of UNDP and the World Bank whether those two agencies systematically consulted WHO when implementing water management projects, such as irrigation projects.

Mrs. GRANT (United Kingdom) noted that the Secretary-General seemingly regretted the lack of a lead agency and the sign of some differences in the way

in which various United Nations bodies planned their action. She wondered whether one of the agencies participating in the discussion could make recommendations aimed at overcoming that sort of obstacle.

Mr. ORLIANGE (France) noted that the Secretary-General referred to difficulties encountered in coordination at the national level, adding that, in the absence of infrastructure, such coordination sometimes had to be imposed from outside. He wondered what the agencies of the United Nations system, UNDP and WHO in particular, thought about such difficulties - whether they could be surmounted and, if so, how.

Mr. MONGBE (Benin) asked whether the new anti-malaria vaccine to which he had referred was already approved and whether it offered genuine hope for millions of malaria sufferers. He also asked whether WHO had undertaken research into certain forms of malaria hitherto confused with some forms of AIDS.

Mrs. KERN (Australia) said she shared the regret felt by several delegations in noting that the Secretary-General had not mentioned any plan of action or timetable relating to the control of malaria and diarrhoeal diseases. She also regretted that the management of research and development was not completely unified.

Mr. QUAUNINE (Bangladesh) said that WHO definitely had the requisite capacity to act as lead agency among those directly involved in the control of malaria and diarrhoeal diseases, but he wondered whether it had the requisite means of action. It would seem that WHO was reticent about assuming that role.

Mr. HENDERSON (World Health Organization), referring to the observations by the delegation of the Republic of Korea, said that the pesticides industry was, of course, actively involved in research into a product which could usefully replace DDT in the campaign against malaria. Unfortunately, it might be some time before valid results could be expected.

Researchers were placing their hopes rather on genetic engineering and the development of non-malaria-carrying strains, but research of that type would still take years.

There was no doubting WHO's willingness to take part in the development and implementation of projects, particularly in regard to sanitation. But that willingness was not always turned into reality. The United Kingdom delegation was right to point out that differences in perspective among bodies of the United Nations system sometimes gave rise to frustrating results: irrigation projects, for example, might entail high health costs because the health problems encountered by the project personnel had been overlooked at the planning stage. Governments should be made aware of the human costs, which were not always duly taken into account.

It was true that the question of lead agency had not been clearly answered. There was undoubtedly complementarity expertise as between two or more agencies, WHO and UNICEF for example, which was clearly a source of tension. For its part, WHO would like to continue being the technical reference centre, with coordination handled by the countries themselves. Replying to the representative of France, who was concerned to know how United Nations agencies proceeded when local infrastructure was weak, he said that WHO would then look at all the possible options - other United Nations agencies, non-governmental organizations, and the ministries of the countries involved.

The United States and Australian delegations had expressed regret at seeing no precise action plans or timetables. In fact, there were numerous action plans and timetables, which would be more clearly outlined in the Secretary-General's next relevant report, particularly since the Council needed to be given information not only on malaria or cholera but on all diseases having an impact on development.

Replying to the representative of Benin, he said that it would certainly be at least another 10 years before a reliable anti-malaria vaccine could be made available. It went without saying that WHO was closely following all developments in that field of research. Certain serious or unusual forms of malaria were indeed currently being observed in some parts of the world, where they were a consequence of urbanization; they stemmed from loss of immunity

among adults, who contracted forms of malaria hitherto observed only in children. But those forms of malaria were by no means to be confused with forms of AIDS.

Mr. GRAISSE (United Nations Development Programme), replying to the representative of Germany, said that UNDP, following the guidelines applicable to field activities, systematically consulted WHO on all water management projects.

Replying to the representative of France, he said that UNDP sought methodically to strengthen national capacities; there were grounds for hope that countries' strategies would increasingly make it possible to integrate action by all United Nations bodies.

Mr. ALTESMAN (United Nations Children's Fund), replying to the representative of Bangladesh, observed that the Secretary-General was not suggesting that the lead agency task should be entrusted to one and the same institutions; the situation varied according to the country, and the activities of the various United Nations bodies could be coordinated, depending on the case, by UNDP, UNICEF, the World Bank or WHO.

Mr. SARN (United States of America) inquired how the consensus resulting from the discussion was to be recorded and who would list the various points.

Mrs. KAYALI (Syrian Arab Republic) said that, in her view, it was for delegations to formulate the points for concluding observations.

The PRESIDENT recalled that the Council, in its decision 1993/205, had decided to formulate agreed conclusions at the end of the discussion. In order to simplify the Council's tasks, he suggested that he might submit to it an informal preliminary draft of agreed conclusions, to be amended in the light of observations and proposals by Council members.

Mr. ORLIANGE (France) agreed that it would be desirable to prepare the relevant conclusions on the basis of a text by the President. There seemed no need to indulge in the debate to which draft resolutions presented by groups customarily gave rise.

The meeting rose at 1.10 p.m.

PROVISIONAL
For participants only

E/1993/SR.23
28 March 1994

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ECONOMIC AND SOCIAL COUNCIL

Substantive session of 1993

PROVISIONAL SUMMARY RECORD OF THE 23rd MEETING

Held at the Palais des Nations, Geneva,
on Tuesday, 6 July 1993, at 10 a.m.

President: Mr. HUSLID (Norway)

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Coordination of the policies and activities of the specialized agencies and other bodies of the United Nations system related to the following themes:

(b) Coordination of the activities of the United Nations system in the fields of preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera (continued)

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GE.93-70090 (E)

The meeting was called to order at 10.20 a.m.

COORDINATION OF THE POLICIES AND ACTIVITIES OF THE SPECIALIZED AGENCIES AND OTHER BODIES OF THE UNITED NATIONS SYSTEM RELATED TO THE FOLLOWING THEMES: (agenda item 2)

(b) COORDINATION OF THE ACTIVITIES OF THE UNITED NATIONS SYSTEM IN THE FIELDS OF PREVENTIVE ACTION AND INTENSIFICATION OF THE STRUGGLE AGAINST MALARIA AND DIARRHOEAL DISEASES, IN PARTICULAR CHOLERA (continued) (E/1993/68)

Mr. SINGH (India) said that India advocated vigorous action to implement the Global Malaria Control Strategy, adopted in 1992 by the Ministerial Conference on Malaria in Amsterdam. It was for the United Nations and other agencies concerned to ensure a coordinated follow-up.

There were four important areas in malaria control where resources could be effectively invested: intensification of research, primarily because of increasing resistance of vectors to insecticides and of parasites to conventional drugs; mobilization of international assistance to deal with malaria in countries where it was endemic, which would automatically strengthen coordination and monitoring mechanisms; improvement of delivery systems, including both expansion and qualitative improvement; and the setting-up or identification of a central mechanism or organization, at both the international and country level, to implement, coordinate and review progress. Such a mechanism was essential to avoid duplication or wastage.

On the issue of diarrhoeal diseases, he said resources and coordination were vital in the long term for reduction of morbidity, provision of safe drinking water, sanitation, primary education and education of mothers. In the short to medium term, Governments and international agencies should give priority to improving the case management of diarrhoea, an area that had not been adequately addressed and that required continued and expanded training of health personnel; educating mothers to enable them to take care of children suffering from diarrhoea at home with fluids, to continue feeding during diarrhoea and to recognize the early signs of dehydration; and ensuring widespread distribution and use of oral rehydration salts, which would require more resources to strengthen national programmes.

In all those areas, which were not only priority areas but would also provide the best possible return on investment, all decisions should be taken at the country level, in close consultation with United Nations bodies.

Mr. JARAMILLO (Colombia) noted that malaria attacked groups of people who were often already the victims of war, drought and famine, namely the least developed and most disadvantaged population groups. However, the development of a new vaccine by a Colombian team gave some cause for optimism. According to tests conducted in several Latin American countries, there was an initial protection rate of 77 per cent for children under five years of age and 67 per cent for adults over 45 years of age, and the results with secondary episodes were even better. Colombia had therefore patented the vaccine with the World Health Organization, which would be in charge of completing its development, mass-producing it and distributing it to the population groups that needed it.

More generally, it was essential to strike a better balance between investment in development and investment in the struggle against malaria and diarrhoea, which in turn required better coordination among United Nations bodies. Research should not be limited to the development of vaccines and treatments, but should also cover socio-cultural factors that encouraged the transmission of such diseases or made it difficult to treat them. In that regard, an indispensable aspect of coordination was the systematic exchange of information among all the organizations concerned, including non-governmental organizations, and the strengthening of the early warning mechanisms designed to prevent epidemics.

His delegation believed that progress would not really be possible unless coordination was also established with the Governments concerned and the competent national services. The idea of establishing national coordination bodies should be developed further, in order to attain "critical mass" in respect of national capacity, in particular prevention. For its part, the Colombian Government was fully committed to the campaign for the prevention and complete elimination of malaria and cholera.

Mr. MANCZYK (Poland) noted that, among the diseases identified as requiring coordinated protective action, malaria and diarrhoeal diseases affected primarily the developing world. There were known prevention mechanisms, but, although the United Nations had been successful in eradicating and controlling some diseases, it seemed that with regard to malaria and diarrhoea, many problems still existed and in some respects they were becoming worse.

One difficulty was the imprecise definition of the roles of the various United Nations bodies: the World Health Organization, whose mandate was to coordinate health-related activities, could only fulfil its mandate effectively if it had at its disposal all the resources that the world community devoted to that sector. However, many other organizations were active in the health sector, such as UNICEF, the World Bank, UNDP, etc. In practice, those organizations were in competition for resources from donors, and, what was even more serious, they competed within countries by proposing to Governments different and at times conflicting ways of solving health problems. His delegation believed that the time had come to reconsider the role of the various United Nations bodies and to reassess their mandate within the system, since it was only by coordinating their activities that they could achieve the necessary efficiency in fighting malaria and diarrhoeal diseases.

WHO should be fully responsible for epidemiological diagnosis, planning and the evaluation of measures leading to the eradication and control of malaria and diarrhoeal diseases. The corresponding activities performed by other agencies, together with the funds allocated to them, should be entrusted to WHO as the executing agency. It should also be responsible for setting standards for environmental measures, water supply and food quality control.

Mr. QUAUNINE (Bangladesh) said that Bangladesh was particularly interested in the intensification of the struggle against malaria and diarrhoeal diseases because those diseases, especially cholera, were endemic in Bangladesh. Malaria research was faced with serious difficulties in Bangladesh, due to the shortage of external resources, but the diarrhoeal research centre in Dhaka had become one of the world's finest and was known for having developed new oral rehydration salts.

A number of forums had expressed the need for coordination among the various United Nations bodies, in particular the General Assembly in resolution 47/199, and no agency had denied the importance of coordination. Since every United Nations agency had its own mandate and competence, the concept of a "sole lead agency" appeared to be impractical, and a preferable solution might be the idea of "complementarity" as proposed by UNICEF. Nevertheless, one agency would have to assume a leadership role up to a certain point, as WHO had been doing for tropical disease research programmes with the World Bank and UNDP. Since it appeared to be scientifically possible to rid the world of malaria and diarrhoeal diseases, it would be deeply regrettable not to be able to take advantage of scientific progress or the sizeable resources of the donor countries because of a lack of coordination.

Like the representative of the United States, he regretted that the Secretary-General's recommendations did not include a specific plan, time-frame or responsible agency. On the other hand, problems of country-level and community-level coordination were clearly pointed out, and Bangladesh, whose Government was giving high priority to those types of problems, urged donor countries, specialized agencies and international financial institutions to focus attention on them. A sound coordination mechanism at the national level was essential, and without it there was no point in spending time and energy on international coordination.

Mr. PEREZ DEL SOLAR (Peru) said that the economic crisis that had been affecting Peru for several years had forced his Government to adopt an economic stabilization and structural adjustment programme and a welfare programme, which had received support from the international community and the international financial institutions.

Peru also had to cope with terrorism, which in the past 12 years had caused the deaths of approximately 25,000 persons and prevented many other citizens from effectively exercising their rights.

Those circumstances explained why the health situation in Peru was deplorable. However, as its health budget showed, the Peruvian Government was not remaining inactive. Peru was currently engaged in a process of transition from the traditional concept of "health expenditures" to that of "investments in

the health sector". Health could in fact become the driving force of development.

In that context, the Peruvian Government emphasized that it was essential to link the efforts of national authorities to those of the international community. Such cooperation had proved its worth during the cholera epidemic that had hit the country in 1991 and 1992. From the onset of the crisis, WHO had made considerable efforts to meet the specific needs identified by the Government, especially with regard to medicine, hospital infrastructures and medical supplies. In that connection, Peru wished again to express its gratitude to WHO for having launched an appeal for international health assistance. As a result of that appeal, Peru had received medicine and supplies amounting to over $6 million.

The cholera epidemic had had repercussions not only on public health, but also in the economic sphere. Restrictive trade measures had had a negative impact on Peruvian exports. There had been exemplary coordination with WHO: in particular, WHO had issued two press releases explaining that the risk of cholera transmission through imported food was virtually non-existent.

His delegation felt that the outstanding form of coordination that had developed in the case of the cholera epidemic should be continued through international cooperation aimed at preventing such crises. That cooperation might take the form of financial assistance for the hiring and training of health engineers and an intensification of technical and financial cooperation with the National Health Institute, for the purpose of establishing a network of emergency laboratories and developing an epidemiological monitoring mechanism.

Mr. DORJI (Bhutan) said that the report of the Secretary-General and the Global Malaria Control Strategy adopted at the Ministerial Conference in Amsterdam provided a useful introduction to the item before the Council. Sadly, it seemed that no technical or medical breakthroughs in combating both malaria and cholera were likely for years to come. It was also alarming to note that the diseases were resistant to treatment with existing drugs.

Bhutan believed that it was essential to put the victims in the centre of any strategy. That would involve creating educational materials that were adapted to local settings, including religious, cultural and other factors. If those affected by diseases were better informed, they would be able to take

better care of themselves. The success in dealing with the outbreak of cholera in Peru had been largely due to the effort invested in informing the community affected. In that connection, his delegation supposed that UNICEF, WHO, FAO, UNDP and others had already given close study to the use of appropriate teaching aids and media and had extensive experience in the field. In any event, Bhutan believed that that aspect of the fight against the two diseases had not received enough attention in the discussion.

Mrs. ASHIPALA (Observer for Namibia), noting that the Secretary-General referred to the risks of malaria epidemics in Namibia, said that in 1990-1991 there had been 300 deaths from malaria in the northern part of the country. Most significant was the fact that that tragedy had struck the rural areas, where the health infrastructures were most lacking. If the population groups in question had been better informed about malaria and the ways of preventing it and controlling its effects, many of those deaths could certainly have been avoided.

Namibia fully endorsed the Global Malaria Control Strategy, adopted in Amsterdam in 1992 by the Ministerial Conference on Malaria organized by WHO. In its view, however, that would not be sufficient. Educational activities at the community level should be reinforced, so that the people at risk might learn what they could do to help themselves. The countries affected should also conduct systematic exchanges of information, and not simply establish contacts between ministers of health: the non-governmental organizations and even the private sector should also participate in that endeavour. Finally, more substantial financing should be provided if the terrible disease of malaria was to be overcome in Africa.

Namibia considered the information provided by the Secretary-General on the cooperation that was taking place among various United Nations agencies, especially WHO and UNICEF, to be very encouraging. It was an example of the positive attitude that would guarantee the effectiveness of the world anti-malaria campaign.

Mr. BIN RIMDAP (Nigeria) said that, while he shared the Secretary-General's view that the primary responsibility for disease prevention and control activities lay with national authorities, substantial resources must

also be made available for technical assistance, so that Governments could set up adequate medical infrastructures and train the required personnel. Substantially increased resources should be given to the lead agency, WHO, to strengthen national efforts. In that connection, his delegation hoped that the Global Malaria Control Strategy would be implemented vigorously in order to conquer the disease.

As the Secretary-General's report showed, cholera and malaria were especially lethal in Africa because they were associated with poverty, attacking the most vulnerable groups of society. That factor had been aggravated by uncontrolled structural adjustment programmes. In fact, acknowledging that malaria and diarrhoeal diseases, in particular cholera, were prevalent in poor societies meant acknowledging that their eradication involved the elimination of poverty itself.

Nigeria also believed that early warning systems should not be relaxed as soon as epidemics were over. In Nigeria, for example, after the cholera epidemic had been successfully contained in the 1970s, the disease had returned in 1991 and 1992. Finally, Nigeria appealed to the donor community to use local personnel, so far as possible, in the provision of technical assistance to governments.

Mr. VRATUSA (International Center for Public Enterprises in Developing Countries) described the activities of the International Center for Public Enterprises in Developing Countries, whose headquarters was in Ljubljana (Slovenia). It was an intergovernmental centre that also concerned itself with private and cooperative enterprises, responding to international developments and the needs of developing countries. It had established fruitful cooperation with multilateral United Nations agencies and other national and international research institutions. In the 1990s, it was concentrating on the restructuring of national economies and privatization in developing countries and countries with economies in transition, on public enterprise reform based on performance effectiveness, and on private and public sector interaction. During the academic year 1989-1990, the Center had launched an international MBA programme for executives in management and administration. It was also preparing a course on integrated ocean and environment management. In conclusion, he referred members

to an informal document distributed in the meeting room, in which the Center's functions and projects were described in detail.

Mr. Van CRAEN (Belgium), speaking on behalf of the European Community and its Member States, noted that the World Bank, UNICEF and WHO devoted a relatively modest proportion of their budgets to combating diarrhoeal diseases and malaria. He wondered whether that was due to the fact that action was not very costly and much could be done with scant resources, or on the contrary that the resources available were so plentiful that none of the three agencies had to make a particular effort to combat those diseases?

The Secretary-General's recommendations and conclusions on coordination did not establish priorities in public health and hygiene programmes and community health education. How did UNDP, UNICEF, UNESCO and the other participating parties intend to correct that omission?

Mr. PENNANEACH (Togo) said that the reason why 1 million people, 90 per cent of whom were Africans, died of malaria every year was that the disease was again gaining ground due to the fact that the anopheles mosquito was becoming more and more resistant to insecticides. He pointed out that in Africa, diarrhoeal diseases and malaria killed more people than AIDS and cancer, which were at the centre of international concern.

The Secretary-General put forward several recommendations that should improve coordination of action at the world and regional levels, which were aimed in particular at balancing investments so as to ensure that development would be both sound and durable. From that standpoint, the question arose whether, at the practical level, UNICEF, WHO and UNDP intended to harmonize their positions and give effect to those recommendations.

Mr. MONGBE (Benin) said he wondered about the direct cost of malaria in Africa, which according to the Secretary-General was in the vicinity of $2 per case. Even in the simplest cases, malaria treatment was evaluated at $20 or $30, at least in western Africa. How had the figure indicated by the Secretary-General been calculated?

If the Colombian vaccine was approved by WHO, its cost must be maintained at the lowest possible level, since malaria affected the poorest strata of the population. WHO had managed to eradicate smallpox from the face of the earth,

because the smallpox vaccine had been readily available to all, often even free. Would the same be done for the malaria vaccine?

Mr. HENDERSON (World Health Organization), replying to the Belgian representative, said that the funds which the World Bank, UNICEF and WHO earmarked for combating diarrhoeal diseases and malaria were quite clearly insufficient. All three agencies' activities would be much more effective if more substantial resources were available to them. For WHO at least, the problem was where to obtain those extra funds: its large-scale vaccination programme was not yet fully funded and tuberculosis had become a world problem, not to mention AIDS, cancer and other diseases. WHO believed that it had established equitable proportions among all those activities.

Consideration should also be given to financing of more general programmes, for example in sanitation and education, which also helped to combat the diseases in question. WHO was in the process of reviewing its entire budgetary system and its order of priorities. That would be done under the supervision of the member States, which could make adjustments in WHO's range of programmes if they so desired.

The representative of Togo had asked what the agencies concerned intended to do to give effect to the Secretary-General's recommendations. For its part, WHO intended to continue its cooperation with its various partners, on the basis of the Global Malaria Control Strategy adopted in Amsterdam in 1992. That coordination would set an example for the other agencies.

The delegation of Benin had asked about the cost of malaria treatment in Africa. The figure given by the Secretary-General referred to the simplest cases, where the patient was given some Chloroquine tablets and sent home. When hospitalization was involved, treatment was clearly more costly.

WHO was obviously quite interested in developing the Colombian vaccine, but it had learned from experience to temper its enthusiasm, as the subsequent course of events was all too often disappointing. The advantage of the vaccine was that it might be possible to manufacture it at very low cost and therefore, to make it available on a world-wide scale. In the expectation of low-cost production, WHO, UNDP and UNICEF had launched a children's vaccination programme, with the support of the Rockefeller Foundation.

Mr. HADDAD (World Bank) noted that the figures given by the Secretary-General in the report under review covered only one year, and that situations changed quite a lot from one year to the next. A better idea of the costs of combating diarrhoeal diseases and malaria could be obtained if a longer period was considered. In addition, the figures referred to very specific and selective activities, whereas broader programmes (building health centres, for example) helped to combat those diseases without necessarily appearing in the statistics.

The World Bank merely lent money to Governments that requested it; it was therefore not in a position to control the main areas of activity in which that money was spent. The Bank simply noted that loan requests were increasing most rapidly in the health sector; in other words, countries were attaching more and more importance to health. The total budget for the sector should soon reach $1 billion at the World Bank.

With regard to coordination of the competent agencies' activities, he said a combined use of resources from such a variety of sources was not easy. The World Bank mobilized its resources from private financial circles and placed them at Governments' disposal in the form of loans. That was why it was impossible for it to merge them with, for example, UNICEF's resources. In fact that was not a disadvantage for the countries in question, since it meant that they could benefit from a number of different perspectives and objectives. Similarly, it was impossible to give WHO exclusivity with regard to execution. When the World Bank granted a Government a loan, it was for the Government to choose the executing agency for the programme envisaged, whether that was WHO or some other agency.

Mr. ALTESMAN (United Nations Children's Fund), replying in particular to the remarks of the representative of Belgium on the question of resources, said that certain figures might be confusing. For example, in UNICEF's budget expenditures, the item entitled "oral rehydration therapy" did not represent the total amount of the Fund's work in that sector, since a large number of activities were included in more general programmes. In addition, it was difficult to establish a direct link between the amount of expenditure allocated to a particular activity and the importance attached to that activity. Certain operations were given priority precisely because they were less costly than

others: although they might appear to be modest in dollar terms, they involved a considerable workload and required a deep commitment from managerial staff and field officers.

The figures were also revealing since they showed a decrease in donors' contributions. That trend, which had been predicted, might in fact be more marked than had been expected.

In a more general context, the question was where to obtain funding to combat malaria and diarrhoeal diseases. The budgets of WHO, UNICEF and UNDP were not sufficient and could only play a limited catalytic role. In the face of a challenge that would have to be met collectively, a far-reaching restructuring of priorities was essential at the international and national levels, in both public development assistance and national budgets, with a view to allocating at least 20 per cent of resources to basic human needs. Linkage would have to be established with the priorities set as part of the adjustment processes and related budgetary discussions. Mobilization of efforts at the community level was also essential. In the final analysis, international and national resources should be used to strengthen community capacities so as to achieve the desired goals.

Mr. BOUTRIF (United Nations Food and Agriculture Organization) said that FAO was greatly concerned with coordination in its areas of competence relating to combating malaria and diarrhoeal diseases. In the sphere of food safety, for example, it had been cooperating with WHO for several years - because of the close links between nutrition and health - in particular, in the Codex Alimentarius Commission. The Codex Alimentarius was a joint programme for developing standards for quality and purity of food products which, as everyone knew, were an important vector of diarrhoeal diseases.

There were also joint committees of experts, for example on food additives and contaminants, and on pesticide residues. Those mechanisms were fully operational, but could be strengthened at the international and regional level with a view to focusing on the problems involved in the diseases in question.

On the subject of irrigation water, referred to by the German delegation, he said that FAO, together with WHO and UNEP, was taking part in the work of the Panel of Experts on Environmental Management of Vector Control, which provided a

good basis for increased coordination in that field at the international level. FAO was prepared to step up that type of cooperation, in particular with the agencies playing a leading role in that area, especially WHO.

Mr. BLAIN (United Nations Development Programme) noted that several delegations, in particular those of Belgium, Benin and Togo, had raised the question of allocation of resources and training. Because of the attention his organization devoted to human development and the devastating effects on it of the diseases under consideration, UNDP devoted substantial efforts to that problem in the activities it supported or financed. It was an active partner of WHO, the World Bank and UNICEF in their activities to contain those diseases.

UNDP contributed to the Special Programme for Research and Training in Tropical diseases and gave considerable support to the anti-diarrhoeal diseases programme. Under its own national, regional and global programmes, UNDP supported efforts at overcoming the problems caused by malaria and diarrhoeal diseases. Although a quantitative evaluation was difficult, UNDP's assistance in strengthening national capacities and institutional mechanisms was substantial.

Mr. HUMMON (United States of America) expressed surprise at the representative of the World Bank's statement that WHO could not be the sole executing agency since it was for the beneficiary countries to set priorities. National plans were clearly essential, but it should be borne in mind that cooperation between United Nations bodies and the World Bank was needed to achieve optimal coordination in executing projects and allocating resources, in order to provide the countries in question with the most effective plans possible.

Mr. HADDAD (World Bank) explained that he had been referring to the question whether WHO could be the permanent executing agent for the projects financed by his organization: he had not been speaking about policy and planning coordination. The Articles of Agreement of the World Bank specified that when the Bank granted a country a loan, it was for the country concerned to decide which agency would be the executing agency. In sectoral work, project preparation and cooperation with countries, the Bank acknowledged WHO's role as a technical agency and wished to strengthen coordination with it.

Mrs. SIMMONDS (United Kingdom) noted that much of the debate had dealt with the question of resources, malaria-related costs, competing pressures on the limited resources available and the need to establish priorities. That clearly showed how essential it was to make better use of existing resources, in particular through effective coordination.

Her delegation had already asked whether WHO or other agencies had any specific recommendations to make on how to overcome problems in that area, whether they arose because of differing viewpoints among the different institutions or confusion surrounding the role of the executing agent. It was clear from the statement by the representative of WHO that WHO intended to leave the coordination of efforts by the United Nations system to the countries concerned. In her delegation's view, although coordination by Governments was crucial, United Nations bodies should agree on what they could offer Governments and how they would provide assistance to them. She would therefore like to know what WHO and the other agencies intended to do in that respect.

Mr. HENDERSON (World Health Organization) stressed that the report before the Council had been prepared jointly by the organizations concerned, so that they agreed on the recommendations it contained. It was for the Council to provide other guidelines if necessary.

The activities of the various bodies of the United Nations system would continue to be based on the complementary advantages they possessed. Specific plans of action might emerge from the consultations they planned to hold later on. For the staff members of the organizations concerned to cooperate closely with one another, a psychological evolution was necessary. The preparation of the report before the Council had been a first step in that direction.

Mr. ALTESMAN (United Nations Children's Fund) said that it was more important to strengthen cooperation between his organization and WHO, for example, than to establish new vertical coordination mechanisms. The links between the two organizations were already quite close, in particular with regard to the campaign against diarrhoeal diseases. At the intergovernmental level, a joint committee of their respective governing boards defined their policies in the health sector and issued joint instructions in that area. There was also an

inter-secretariat mechanism in operation at all levels, through which the instructions issued by Governments could give rise to coordinated joint actions.

There were also several arrangements for improving coordination at the country level. The guidelines for strengthening the system of resident coordinators provided for the establishment not only of notes on national strategy, but also of coordination committees. Lastly, for coordination with bodies outside the United Nations system, such as bilateral aid sources and NGOs, there were the advisory groups sponsored by the World Bank and the UNDP round tables. Both could also be adapted to enable Governments and all international backers to focus on specific problems.

The meeting rose at 12.20 p.m.

PROVISIONAL
For participants only

E/1993/SR.24
31 March 1994

ENGLISH
Original: FRENCH

ECONOMIC AND SOCIAL COUNCIL

Substantive session of 1993

PROVISIONAL SUMMARY RECORD OF THE 24th MEETING

Held at the Palais des Nations, Geneva,
on Wednesday, 7 July 1993, at 10 a.m.

President: Mr. HUSLID (Norway)

later: Mr. SOMAVIA (Chile)

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Operational activities for development

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GE.93-70105 (E)

The meeting was called to order at 10.20 a.m.

OPERATIONAL ACTIVITIES FOR DEVELOPMENT (E/1993/34, 72, 73, 91, L.24, DP/1993/L.9, E/1993/Misc.2 and Add.1)

The PRESIDENT recalled that, at its forty-seventh session, the General Assembly had, inter alia, requested the Secretary-General to promote an early agreement on a common interpretation of the programme approach and of national execution to be applied by the United Nations system and to report thereon to the Economic and Social Council (General Assembly resolution 47/199). The General Assembly had also stressed the need for the Council to examine the operational activities of the United Nations system with a view to ensuring implementation of the resolution and making recommendations thereon.

Mr. DESAI (Under-Secretary-General for Policy Coordination and Sustainable Development), introducing the progress report of the Secretary-General on the implementation of General Assembly resolution 47/199 (E/1993/73), said that the world was facing new challenges today and it would be difficult for the Council to maintain its leadership role in the management of the operational activities of the United Nations system if the restructuring exercise, currently at an impasse, was not, as the Secretary General hoped, put back on track before the next session of the General Assembly. As the Secretary-General had pointed out, reforms of the intergovernmental system were both necessary and overdue. Furthermore, restructuring should involve a renewed commitment by all donors to a substantial increase in resources for operational activities for development on a predictable, continuous and assured basis, commensurate with the increasing needs of developing countries. It was essential for the 1993 United Nations Pledging Conference for Development Activities to yield decidedly more positive results than the 1992 Conference. The developing countries had ever increasing and varied requirements, which the United Nations system field structure was well placed to satisfy.

That system was taking energetic steps to implement all the provisions of resolution 47/199. With regard to programme development and implementation, the Secretary-General pointed out that work on the common interpretation of the programme approach and of national execution had been completed within the framework of the Consultative Committee on Programme and Operational Questions

(CCPOQ) and the Administrative Committee on Coordination (ACC). As to the country strategy notes, the first results of that initiative showed that it enabled the United Nations system to ensure a more coherent response to the plans and priorities of developing countries. The principles governing the preparation of those notes were stated in Annex II to the Secretary-General's report. The Joint Consultative Group on Policies (JCGP) hoped to achieve the harmonization and adaptation of programming cycles to national budget cycles, strategies and plans within the next two years.

Under the heading of programme support, the Secretary-General raised the problems of decentralization, simplification and harmonization of procedures, evaluation and monitoring, common premises and training. The Secretariat would begin work as soon as possible on a common United Nations system-wide manual on procedures relating to programme-component and project formulation, appraisal, implementation, monitoring and evaluation. The report also described the progress made in the training sector.

The report referred to the consultations being held on the strengthening of the resident coordinator system. The issues of coordination mechanisms, technical and financial support, the implementation of ACC guidelines, recruitment procedures and their transparency and the division of labour among various sectors of the United Nations system were being given careful consideration and he hoped to be able to report some progress on them to the Council at its 1994 session.

Chapter VI of the report dealt with three major issues, namely, science and technology for development, on which the Council would have to take some decisions, human development and economic and social reforms. An overview of the work programme for the implementation of resolution 47/199 was provided in annex I of the report. The concern for comprehensive management and for an integrated concept of cooperation for development on which General Assembly resolution 47/199 was based had also guided the preparation of the report of the Secretary-General. He hoped that that concern, which was shared by the participants in the high-level meetings of the Joint Consultative Group on Policies and the members of CCPOQ, would lead to greater effectiveness and coherence at the country level.

Ms. BERTINI (Executive Director of the World Food Programme), introducing the report of the Committee on Food Aid Policies and Programmes (CPA) (E/1993/91), said that 1992 had been a particularly challenging year for WFP because of the substantial increase in the need for humanitarian assistance and pressures on development programmes. WFP had provided more food and relief than ever. Its greatest efforts had been made in southern Africa and Somalia, but Angola, Liberia, Sudan, the former Yugoslavia and many other countries had also received substantial food deliveries. The situation in Somalia appeared to have become more stable and, following the peace agreement, the situation in Mozambique was relatively promising.

Although it had not been much publicized, the drought in southern Africa had required more food than any other emergency. It was estimated that over 18 million people were threatened with starvation, but, as a result of speedy and coordinated action by the countries of the region and the international community, famine had been avoided. WFP had been designated coordinator by the United Nations and had worked jointly with the Southern African Development Coordination Conference (SADCC) and with all the appropriate United Nations agencies to transport the necessary supplies through the region to the persons affected.

Expenditure on emergency projects had totalled $1.2 billion in 1992. One reason for the increase had been the new cooperation agreement with UNHCR, under which WFP undertook to provide food for refugee operations.

WFP had been able to allocate only $420 million to development projects in 1992. However, effective development programmes were critically important if poverty was to be eradicated and if countries were to become self-sufficient. Those programmes also constituted the basis for the success of WFP's emergency assistance activities. Because WFP always had a large volume of food supplies in transit to development projects, they could be "diverted" to any emergency activity at any time.

In 1992, two important projects had been added to WFP's range of development activities: the Disaster Mitigation and Rehabilitation Programme for Africa and the comprehensive review of the development programmes undertaken so far. An important point was that WFP's 1992 budget had been only about $100 million.

At present, individual WFP projects required the approval of the Committee on Food Aid Policies and Programmes (CFA), but it was planning to adopt the programme approach. WFP was currently working to develop improved country strategy outlines, which were the framework for WFP country activities. Moreover, after participating actively in the deliberations of the Consultative Committee on Programme and Operational Questions (CCPOQ), which had developed guidelines for resident coordinators on the preparation of country strategy notes, she had requested all WFP Directors of Operations to cooperate, under the leadership of the resident coordinators, with Governments interested in drawing up country strategy notes. The latter would be forwarded to CFA and their relationship with the country strategy outlines would be reviewed.

To comply with General Assembly resolution 47/199, WFP was planning to strengthen the measures it was already taking to help Governments improve their capabilities in food handling, storage, logistics and accountability. As to humanitarian assistance, special logistics operations were sometimes set up, but efforts were made to hand over to Governments as soon as feasible.

With regard to the selection of resident coordinators, CFA had agreed that particular attention should be paid to the quality and development expertise of candidates and that posts should be open to persons from all United Nations agencies. The resident coordinator should also be the representative of the Secretary-General and, in that capacity, he could not be in charge of another programme.

Mr. JOLLY (Deputy Executive Director of the United Nations Children's Fund (UNICEF)) said that the UNICEF Executive Board, which had met in April-May 1993, had reviewed the progress made in achieving the goals of the World Summit for Children. So far, over 80 countries had prepared national programmes of action to achieve those goals and those efforts had, in some cases, resulted in significant progress for children. There had, for example, been an increase in the use of oral rehydration therapy, which had saved millions of lives a year. In addition, the Executive Board had approved 24 country programmes that were all linked to the goals of the World Summit and were aimed at supporting national programmes of action prepared in cooperation with other United Nations agencies. In any event, it could be said that the World Summit

had contributed directly to a considerable improvement in the conditions of millions of children around the world. At a time of widespread doubt about the effectiveness of the United Nations, he invited the members of the Economic and Social Council to read the UNICEF report carefully because of the many positive and encouraging developments it described. The report of the Executive Board (E/1993/34) also referred to the priority efforts being made for Africa, recent efforts in central and eastern Europe and in the newly independent States, structural adjustment in Latin America, education, women and the girl child, UNICEF's cooperation with the United Nations Population Fund (UNFPA) in the area of family planning and the question of strengthening national capacities.

The Executive Board had also discussed the implementation of resolution 47/199. Broadly speaking, the Board felt that CCPOQ had done some excellent work on the establishment of policy guidelines for the resident coordinator system and for the country strategy notes. The latter would constitute the reference framework that would make it possible better to adapt programmes to the priorities set by Governments and to coordinate the programmes of the different organizations. UNICEF was pleased that the national approach, which it had defended for a long time, had been adopted as the basis for the programme approach.

UNICEF was also very much in favour of the resident coordinator system which allowed activities within the United Nations system at the country level to be coordinated in such a way that the efficiency and impartiality of the various agencies were protected. Admittedly, the system had not yet yielded all the results that might have been expected and, in many countries, meetings on the substantive issues had not been held regularly enough, but there had been progress in a number of other areas. For example, plans had been submitted by the organizations belonging to the Joint Consultative Group on Policies to their lead agencies in order to harmonize the different programming cycles.

Lastly, he felt that the United Nations agencies had given all possible guarantees of their desire for coordination. The matter had been discussed by the members of the Economic and Social Council for two days. However, the inadequate resources made available for humanitarian activities did not seem to be of much interest to the Council. Similarly, the lack of proportion between

the resources made available for armed peace-keeping operations and those allocated to humanitarian assistance had not been discussed at all. Those were not easy questions, but the Council was duty bound to consider real economic and social problems in order to enable United Nations agencies to become genuine instruments of action.

Mr. GRAISSE (United Nations Development Programme) introduced the extract from the report of the UNDP Governing Council on its organizational meeting for 1993, its special session and its fortieth session (E/1993/L.24).

He drew the attention of the Council to certain decisions of the Governing Council which had a particular impact on the operational activities of the United Nations development system. In decision 93/11 on humanitarian programmes, the Governing Council had reaffirmed the need to develop an operational framework under the overall authority of the Department of Humanitarian Affairs and to ensure that resident coordinators were in a position to execute their emergency coordination functions effectively. In decision 93/2, the Governing Council had recalled that, under the provisions of Agenda 21, UNDP was called upon to play a leading role in building national capacities for sustainable development and for the implementation of Agenda 21 and had approved the decision of the Administrator to launch Capacity 21. In decision 93/12, it had refined its guidance to the Administrator on the implementation of Capacity 21. In decision 93/3, it had approved the allocation of indicative planning figures to Bosnia and Herzegovina, Croatia, the Czech Republic, Georgia, the Slovak Republic, Slovenia and Tajikistan. In decision 93/22, it had agreed to do the same action for Eritrea and the former Yugoslav Republic of Macedonia. Altogether, the Governing Council had approved 27 country programmes and 15 extensions (decision 93/20). In decision 93/18 on the least developed countries, the Governing Council had requested the Administrator to strengthen the overall capacity of UNDP to deal with the needs of those countries and, in decision 93/17, it had requested him to contribute fully to the implementation of the United Nations New Agenda for the Development of Africa in the 1990s. In decision 93/30, it had encouraged the Department for Development Support and Management Services to help strengthen national capacities for programme management and project execution and implementation, stressing further the importance of the clarification of the

division of labour between that Department and other United Nations organs dealing with technical cooperation, especially UNDP. In decision 93/31, the Governing Council had called on the United Nations Development Fund for Women to continue its active support to UNDP and the other members of the Joint Consultative Group on Policies in gender-related programme areas. In decision 93/33 on the United Nations Sudano-Sahelian office, it had reconfirmed its support for the UNDP-UNSO/UNEP joint venture. In decision 93/39, it had requested the Administrator to facilitate the implementation of certain decisions of the High-level Committee on the Review of Technical Cooperation among Developing Countries. In decision 93/42, it had accepted the modalities for the transfer of the Office for Project Services, which would become a semi-autonomous entity located in the Department for Development Support and Management Services. Lastly, it had approved the budget estimates for the 1994-1995 biennium, which incorporated a reduction of some $42 million compared with the 1992-1993 budget (decision 93/35).

In decision 93/16, the Governing Council had also requested the Administrator to strengthen further the efforts of UNDP to implement resolution 47/199 and to provide feedback on the implementation of the resolution, especially at the field level. Following the development of a common interpretation of the programme approach to be used in the entire United Nations system, UNDP, in consultation with Governments and agencies, had drawn up guiding principles that were being issued for use by its field offices. With regard to the system of resident representatives and resident coordinators, UNDP had explored, with its partners in the Joint Consultative Group on Policies, ways of widening the pool of candidates for those posts. With its partners, moreover, it had reached agreement on a common interpretation of national execution and was in the process of revising its own operational guidelines and actively promoting national execution as the norm for activities funded by the programme. Progress had also been made on the issue of common premises and in the implementation of other provisions of the resolution relating to human development, economic and social reform and training.

He drew the Council's attention to the report of the High-level Committee on the Review of Technical Cooperation among Developing Countries on its eighth

session (DP/1993/L.9) and to the report of the UNDP Administrator on the activities of the United Nations Revolving Fund for Natural Resources Exploration (E/1993/72).

He reiterated the concern expressed by the Administrator about the collapse of the negotiations on the restructuring of the economic and social sectors of the United Nations. Its implications were all the more serious as the financial resources of the system were already very limited.

Mr. Somavia (Chile) took the Chair.

Mr. RAO (United Nations Population Fund) (UNFPA) said that the Fund's overriding concern was that its work should correspond exactly to the needs of the peoples and countries it served by ensuring that the best means were chosen and that needs were identified by the persons concerned. He was pleased to report that many positive achievements had taken place, although the inadequacy of resources was a major constraint for developing countries seeking to solve their demographic problems. As the Executive Director had said at an earlier meeting, the Nordic proposal on reforms of United Nations operational activities was an opportunity that should be seized by the world community.

At its fortieth session, the UNDP Governing Council had made many recommendations concerning UNFPA. It had approved 15 country programmes, taken note of the report of the Executive Director on the priority-country system (DP/1993/33) and had reaffirmed the continued use of existing criteria and their threshold levels. It had recognized that expenditure should reflect the actual needs of recipient countries and welcomed the emphasis that had been placed on maternity and child health and on family planning and had called on UNFPA to strengthen further its international economic cooperation activities. It had taken note of the UNFPA strategy in Sub-Saharan Africa and had welcomed the progress made in the Global Initiative on Contraceptive Requirements and Logistic Management Needs in Developing Countries. It had taken note of the collaboration established between the Fund and the World Bank and the financial arrangements adopted for support costs.

In considering the report on the implementation of General Assembly resolution 47/199, the Governing Council had said that the Fund's experience in programme review and strategy development placed it in a position to contribute

to the formulation of country strategy notes and the development of a common programme approach. The new support-cost arrangements were, in its view, an integral component of strategic programming and should contribute to national execution and decentralization at the country level. The Governing Council had also welcomed the efforts of UNFPA, working through the Joint Consultative Group on Policies, to harmonize programming cycles and adapt them to national development plans.

Many other key components of resolution 47/199, such as the programme approach and the coordination and harmonization of procedures and programming cycles, were areas in which UNFPA had been trying to make progress for several years. The Fund also continued to support the implementation of other components of the resolution such as national execution, national capacity building, decentralization of programme development and delegation of authority, coordination of activities both within and outside the United Nations system, streamlining and harmonization of rules and regulations, procedures and programming cycles and, lastly, common premises.

The Executive Director had recently written to all UNFPA representatives and country directors urging them to cooperate actively in the process of developing country strategy notes in countries which had opted for that system.

Another key component of resolution 47/199 was the resident coordinator system, which UNFPA fully supported because, in its view, there should be a single United Nations representation per country. The resident coordinator should represent the entire system, under the administrative responsibility of UNDP, and ensure the overall coordination of United Nations activities. However, UNFPA felt that the time had come to strengthen the identity and authority of UNFPA country directors in order to enhance the effectiveness of its programmes.

Population issues were now at the forefront of the development agenda, whether in connection with sustainable development, Agenda 21, poverty eradication or migrations. The level of resources for dealing with those problems was very inadequate. The United Nations system, including UNFPA, and donor countries were working together at the field level to strengthen the capacities of developing countries and thus enable them to take up their

development challenges. However, the inadequacy of resources was still the major constraint.

Mr. VAN CRAEN (Belgium), speaking on behalf of the European Community and its member States, recalled that they had supported draft resolution A/47/L.58 on the restructuring and revitalization of the United Nations in the economic, social and related fields. In a spirit of compromise, they had agreed to two amendments to a text which had been drafted after lengthy negotiations. They deeply regretted that the consideration of that draft resolution had been postponed when it had come up for discussion in the General Assembly, on 25 June in New York. Apparently, most member States were not prepared to improve the effectiveness of the development assistance system. The European Community nevertheless continued to support the Secretary-General in his restructuring plans so that the Economic and Social Council could perform its function of managing the economic and social sector of the United Nations.

Six months had elapsed since the adoption of resolution 47/199 and, in the meanwhile, meetings had been held of the Administrative Committee on Coordination (ACC), the Joint Consultative Group on Policies (JCGP) and the Governing Councils of UNICEF and UNDP. He listed some of the measures already in force, of which the European Community had taken note.

Many questions had, however, still not been answered. It was true that little time had been spent on the implementation of the resolution and that the institutional and operational environment in which it had to be applied was very complex. It was nevertheless an instrument which was designed to improve and strengthen the coordination of operational activities and which should not in any circumstances be regarded as another constraint on the system.

More positive follow-up action on resolution 47/199 could have been taken in several areas. In the first place, the Department for Policy Coordination and Sustainable Development was not doing enough in its role of leader and lead agency. The division in charge of operational activities was still understaffed and consideration might be given to the possibility of assigning it staff from other United Nations agencies. With regard to the decentralization that had been called for, the member States of the Community recalled that policy should continue to be made at the central level. The agencies concerned, especially

UNDP, should assume greater responsibility for field-level coordination. Every agency, fund and programme should contribute, to the best of its ability, to the implementation of the resolution. The resident coordinators should take more initiatives along those lines and, for example, make practical proposals on matters such as country strategy notes, field-level decentralization and common premises.

The community appealed to recipient countries to contribute to the speedy implementation of resolution 47/199. Their cooperation was essential in virtually every area dealt with in the resolution and the implementation of its provisions was in their interest.

Ms. POLLACK (United States of America) said that the reforms called for in General Assembly resolutions 44/211 and 47/199 were far from complete. Admittedly, both resolutions were complex and asked a great deal of a system with limited resources. However, it was not coordination so much as the lack of coordination that was costly. It had been only seven months since the adoption of resolution 47/199, but resolution 44/211 had been adopted three and a half years previously and resolution 32/197 dated from 1977.

For years now, member States had been concerned and impatient about the lack of collaboration, inefficient programming and the lack of complementarity of the activities of United Nations agencies. They had, for example, asked for an appropriate management process with clear guidelines, targets, benchmarks and time-frames. What progress had been made? Although a common interpretation of the programme approach had recently been developed, that process had already been under way in many countries. What results had that approach achieved? Had it made the system more coherent? Did it hinder or help the work of individual agencies? More importantly, did it help countries meet their development needs? How did it relate to the country strategy note?

In 1989, in its resolution 44/211, the General Assembly had asked the Secretariat to study the concept of a document containing the United Nations system's integrated operational response, at the country level, to the national programme framework. That document, which was supposed to give greater coherence to the programmes of United Nations agencies, was conceptually not very different from the country strategy notes called for in resolution 47/199.

Resolution 47/199 provided that country strategy notes should be formulated by "interested" Governments, but their formulation should be less a matter of interest than a matter of necessity. In any event, seven months after the adoption of resolution 47/199, there had been enough time to ascertain the number of "interested" countries. Why had they found the idea worth pursuing and what could be done to interest others?

Her Government attached the greatest importance to the leadership role of the resident coordinator. It called on all the agencies taking part in the current discussion to make available their most talented staff for those posts, for the enormous demands being made of the system called for the best and the brightest. However, even the most talented leader would have difficulties if his or her colleagues were not committed to working together, both in the field and at Headquarters. The system was working in a number of countries and the common feature of all those situations was the quality of the persons involved, at all levels.

Mr. FRIIS (Denmark), speaking on behalf of the Nordic countries, said that the current discussions were taking place against a very different background than what might have been hoped a few weeks earlier because the important process of the reform of United Nations development activities had been brought to a halt. For the Nordic countries, a strong United Nations in the political area should be complemented by a strong United Nations in the economic and social fields. There could be no lasting peace without a remedy for the growing economic and social inequalities in the world.

For the past several years, the Nordic countries had been making considerable efforts to submit constructive proposals for strengthening United Nations development activities through reforms relating to policy guidance, operational governance and the system of financing. At its 1992 session, the Council had initiated the process of reform at the political level and significant progress had been made in the months which had followed. It was thus with profound regret that the Nordic countries took note of the fact that no action had been taken on the draft resolution recently submitted to the General Assembly. The draft resolution had been the result of lengthy and delicate negotiations, in which all parties had made substantial concessions.

The countries which had seen fit to break up the agreement should be aware that they bore a very heavy responsibility. In his view, the vote on the motion to postpone action meant that the majority of the members of the United Nations were not prepared to agree on the necessary changes that would have improved the efficiency of the United Nations development system. That situation could not but seriously affect the level of donor contributions for multilateral assistance and the ability of United Nations organizations to continue to mobilize resources in an increasingly competitive environment. The immediate effect was that the discussions on future financing modalities, which should have started at the next session of the General Assembly, would not take place.

When General Assembly resolution 47/199 had been adopted, the Nordic countries had regarded it, even though it did not meet all their concerns, as an expression of the common will to make the operational activities of the United Nations system more efficient. They therefore welcomed the Secretary-General's progress report on the implementation of that resolution, even though the progress so far, six months after its adoption, was necessarily limited. Some elements of the report were particularly important. The Nordic countries found that the country strategy note could serve as a useful tool for ensuring a coherent approach by the United Nations system to development activities at the field level. They were also pleased that an agreement had been reached on a common interpretation of national execution and the programme approach, which would be helpful in ensuring well-coordinated United Nations assistance that was better integrated into national development plans and in avoiding scattered projects.

The Nordic countries also attached importance to the enhancement of the role of the resident coordinator, who should be given the necessary authority to enable him to ensure that activities were carried out in accordance with national priorities and within the framework established by the country strategy note and the programme approach. In so doing, however, efforts should be made to avoid introducing a bureaucratic layer and to maintain the identity of the various funds and programmes. In the selection of resident coordinators, qualifications should be the deciding factor. The action taken in respect of common premises should be intensified. The cost effectiveness of shared field representations

should also be taken into account, given the problems of resource constraints on several United Nations agencies: it was self-evident that in the case of the Commonwealth of Independent States and the Baltic States, a unified approach should be adopted from the very start.

Mr. JAMALUDDIN (Bangladesh) said that the discussion on operational activities was all the more critical as the resources for the implementation of projects were becoming scarce, a tendency that was causing serious concern. With regard to the content of the Secretary-General's report, he stressed that more and more projects should be executed by the countries concerned, as that would strengthen their absorptive capacity. The role of resident coordinators could be made more effective if the right people were chosen and if they were given more authority.

In the matter of procurement and expert services, the local market should be used as much as possible. In Bangladesh, food could be procured locally for distribution by the World Food Programme, thus ensuring a fair price for growers and minimizing the cost of the Programme's operations. Local consultants selected on a competitive basis should receive the same remuneration as international consultants.

The spirit of Rio was weakening and there had been no substantive discussion on how to mobilize resources to implement agenda 21.

With regard to technical cooperation among development countries, priority should be given to the needs of the least developed countries. Because assistance was provided by different agencies, coordination among donor agencies with a view to streamlining was necessary. Support for that type of cooperation should not be given at the expense of assistance in respect of projects and commodities.

He regretted the problems caused by delay and indecision in the United Nations system. For example, the failure to appoint an Executive Director was hampering the operational activities of the International Trade Centre.

Mr. HIRAISHI (Japan) said that United Nations operational activities for development were facing financing problems, as well as pressure by a growing number of recipient countries on the United Nations to expand its activities and

use a broader range of implementation modalities. In the case of financing, operational activities, the programmes of multilateral financing institutions and bilateral assistance, which were supposed to play complementary roles, were also competing with one another for limited resources. The United Nations should therefore made efforts to strengthen the effectiveness of its operations to prevent them from being marginalized in the process.

The Secretary-General's progress report offered a comprehensive overview which should bring about improvements in precisely that area. In that connection, his delegation was impressed with the work done by inter-agency mechanisms such as the Administrative Committee on Coordination (ACC), the Joint Consultative Group on Policies (JCGP) and their various subgroups and encouraged them to continue to adopt an integrated and systematic approach.

As far as the functioning of intergovernmental bodies was concerned, it was widely recognized that reform was necessary and that an entity was needed to discuss development issues and provide the United Nations system with guidance on policy. His delegation considered that the Council could be restructured in such a way that it would be able to discharge those functions. Its responsibilities and those of the General Assembly should be clearly defined and overlapping functions eliminated. To that end, the work of the General Assembly should be streamlined and provision should be made for a triennial review of operational activities so that the Assembly could provide the necessary major policy guidance, as it had done in its resolutions 44/211 and 47/199. The Council should assume responsibility for managing those activities and provide the executing agencies concerned with clear and coherent guidance on a yearly basis. In order to improve the management of United Nations agencies, his delegation suggested that each governing body should establish an inter-sessional mechanism to monitor the implementation of its decisions and to facilitate the dialogue between its executive administration and Member States.

In his delegation's view, extremely urgent reform was needed in field-level activities, to which the report rightly devoted a great deal of attention. The country strategy note could serve as a basis for the integration of the related activities of the recipient country and of the United Nations system, as well as for national execution. He therefore urged the recipient countries to adopt such

a practice. For its part, the United Nations system should also pursue such measures as decentralization, harmonization and adaptation of programming cycles, as well as simplification of rules and procedures.

Lastly, it was essential that the resident coordinator system and field-level coordination mechanisms should be strengthened. In that connection, it was particularly important not only to widen the pool of qualified development specialists eligible for recruitment, in order to ensure a better balance and a wider range of expertise, but also to make the selection process more transparent.

Mr. AMAZIANE (Morocco) said that his delegation attached great importance to the operational activities for development of the United Nations system and to the neutrality, objectivity and multilateralism which had always characterized them. Like many other delegations, it believed that the United Nations could protect its credibility only by strengthening its political, economic and social sectors in a systematic and complementary way and that the entire system would be damaged if any one of those components was weakened. The level of available resources was a source of frustration, especially in the light of the hopes raised by the Rio Conference. The tendency was to reduce the financial resources allocated to operational activities for development and to international cooperation in general.

With regard to the implementation of resolution 47/199, he noted that it was an extension of resolution 44/211 and that many more practical measures could have been implemented in the meantime. The Secretary-General's report described measures that were under consideration or to be adopted, but none had been carried out so far. It was therefore not an adequate indicator of the progress made. While his delegation welcomed the fact that an agreement had been reached on the interpretation of the programme approach and of national execution, it thought that the modalities in question should already have been implemented. It noted with satisfaction that the representatives of the United Nations and related agencies at the national and regional levels had been informed of the provisions of resolution 47/199. That was a most helpful initiative because field offices were sometimes ignorant of the content of the resolutions and were

aware only of the decisions adopted by the governing bodies to which they belonged.

More would have to be done about the recruitment base for the resident coordinators. That appeared to be a sensitive issue, but the implementation of the relevant provisions of resolution 47/199 was essential in order to increase the pool of candidates for those posts and to make the selection process more transparent to enable experts with different profiles to be chosen according to country.

He also pointed out that field offices had been assigned additional responsibilities because of the importance attached to the multidisciplinary approach and to support at the field level. However, as stated in the Secretary-General's report, financial resources and experts were still lacking. His delegation would have liked to know what the reaction of recipient countries had been to the idea of drafting a country strategy note because, on that point, the report did not say how many countries were in fact interested or what problems might have been encountered.

Regarding the vote in the General Assembly on the draft resolution on the restructuring and revitalization of the United Nations in the economic, social and related fields, his delegation, like others, regretted that such a matter had been put to the vote. Time and time again, Morocco had stressed the importance of reforms and the need to have the support of all Member States to make such reforms credible. It must be recognized that a fair proportion of delegations had had difficulties in endorsing one particular paragraph of the text in question. It was to be hoped that, following the Secretary-General's appeal, the deliberations on that subject could be resumed before the forty-eighth session of the General Assembly so that a consensus could be reached, perhaps after minor amendments had been made. The respective functions assigned to the Council, the General Assembly and the different bodies in the resolution in question mattered more than the number of members of a governing council. The countries which had voted in favour of postponing consideration of the draft resolution had not taken any pleasure in doing so and had not done so in an irresponsible way or out of a desire for confrontation with donor countries. Their legitimate concerns would

have to be taken into consideration in order to arrive at a result that was satisfactory to all.

Mr. BARNETT (United Kingdom) said that the debate on operational activities for development was a valuable opportunity for a frank dialogue between Member States and representatives of the United Nations system on the implementation of resolution 47/199 and related issues. Such a debate should, however, be sensibly structured. The Secretary-General's report dealt with the issues at stake in a definite sequence. He therefore suggested that, in due course, the Council should hold an exchange of views issue by issue, if possible in a meeting room that was more suited to a genuine dialogue.

The meeting rose at 12.45 p.m.